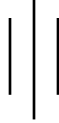




CITY OF HARTFORD



Hartford Police Department
50 Jennings Road
Hartford, CT 06120
Tel: (860) 757-4030



Office Corporation Counsel
550 Main Street
Hartford, CT 06103
Tel: (860) 757-9700

Citizen Complaint Form

Complainant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male [☐] Female [☐] Race/Ethnicity: _____

Did you witness the incident: Yes [☐] No [☐]

For Office Use Only

Complaint Received

Date: _____

Time: _____

By: _____

IAD #: _____

Case #: _____

Classification: _____

Investigator: _____

Date Assigned: _____

Date of Final Report: _____

If you are filing this complaint on behalf of someone else, please provide this person's information below.

☐ Parent ☐ Spouse ☐ Relative ☐ Guardian ☐ Child ☐ Friend ☐ Other _____

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male ☐ Female ☐ Race/Ethnicity: _____

WITNESS 1

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male ☐ Female ☐ Race/Ethnicity: _____

WITNESS 2

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male ☐ Female ☐ Race/Ethnicity: _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of the Incident:

(Please write as much detail as possible.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please provide a detailed description of the police officer(s) against whom you are complaining.

OFFICER 1:

Rank: _____ Name: _____ Date of Birth: _____

Shield/Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes [] or Uniform: []; On foot [] or In Car: []?

Patrol Car #: _____ License Plate #: _____ Marked Car [] or Unmarked []

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:

OFFICER 2:

Rank: _____ Name: _____ Date of Birth: _____

Shield/Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes [] or Uniform: []; On foot [] or In Car: []?

Patrol Car #: _____ License Plate #: _____ Marked Car [] or Unmarked []

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:

Please check ☐ below which offense (s) best fits your complaint.

- | | |
|---|---|
| <input type="checkbox"/> Commission of a Crime | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Conduct Unbecoming an Officer | <input type="checkbox"/> Illegal Search and Seizure |
| <input type="checkbox"/> Illegal Arrest | <input type="checkbox"/> Illegal Search During Arrest |
| <input type="checkbox"/> Denial of Medical Treatment | <input type="checkbox"/> Neglect of Duty |
| <input type="checkbox"/> Discourteous Attitude | <input type="checkbox"/> Profane Language |
| <input type="checkbox"/> Excessive Force After Arrest | <input type="checkbox"/> Traffic Complaint |
| <input type="checkbox"/> Excessive Force During Arrest | <input type="checkbox"/> Violation of the Code of Conduct |
| <input type="checkbox"/> Excessive Force Without Arrest | <input type="checkbox"/> Civil Rights Violation |
| <input type="checkbox"/> Failure to Provide Medical Attention | |

If mediation were offered in an attempt to resolve this complaint, would you be willing to sit down with the officer and a third party to resolve this issue? ☐ Yes ☐ No

I have read (or have had read to me) the above statement and it is true to my best of my knowledge, information and belief.

Complainant Signature: _____

(Print Name): _____

Witness Signature: _____

(Print Name): _____

STATE OF CONNECTICUT
COUNTY OF HARTFORD

On this, the ____ day of _____, 20____, before me, _____, the above signed individual, personally appeared and is known to me or satisfactorily proven to be the person whose name is subscribed to this complaint and acknowledges that he/she executed the same for the purpose therein contained. In witness thereof I hereunto set my hand pursuant to Section 1-24 of the Connecticut General Statutes.

Signature _____

Title _____